	AUGUST 1991	(515)	0.m 0300-	
	State:	Kansas	3	
<u>Citation</u> 1902(a)(52 and 1925 o		<u>Famili</u>	es Receiving Extended Medicaid Benefits	
the Act	(a)	Services provided to families during the first 6-month period of extended Medicaid benefits unsection 1925 of the Act are equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (or may be greater if providence of through a caretaker relative employer's health insurance plan).		
	(b)	6-mont)	es provided to families during the second period of extended Medicaid benefits under 1925 of the Act are	
		<u>/▼/</u>	Equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan).	
			Equal in amount, duration, and scope to services provided to categorically needy AFDC recipients, (or may be greater if provided through a caretaker relative employer's health insurance plan) minus any one or more of the following acute services:	
			Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.	
		<i></i> /	Medical or remedial care provided by licensed practitioners.	
			Home health services.	

TN No. MS-91-41	144 0 m 4000	U U U - 1301
Supersedes Approval Date	JAN 2 7 1982 Effective Date	
The state of the s		
TN No. MS-87-22		

Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)	OMB No.: 0938-
	State:	Kansas	
Citation	3.5	Families (Continu	Receiving Extended Medicaid Benefits
			Private duty nursing services.
			Physical therapy and related services.
		口	Other diagnostic, screening, preventive, and rehabilitation services.
			Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases.
			Intermediate care facility services for the mentally retarded.
			Inpatient psychiatric services for individuals under age 21.
			Hospice services.
			Respiratory care services.
			Any other medical care and any other type of remedial care recognized under State law and specified by the

TN No. MS-91-41 Supersedes TN No. MS-87-22 7 1970 OCT 0 1 1991 Approval Date Effective Date _

HCFA ID: 7982E

Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)	OMB No.	0938-	
	State: _	Kansas			
Citation	3.5	Families R (Continued	eceiving Extended Medicaid Ben	<u>efits</u>	
	*(c)	enr sin car	agency pays the family's premoliment fees, deductibles, coillar costs for health plans of etaker's employer as payments istance	deductibles, coinsurance, and realth plans offered by the	
			1st 6 months	2nd 6 months	
		The agency requires caretakers to employers' health plans as a condeligibility.			
			lst 6 mos.	2nd 6 mos.	
	*(d)	厂/ (1)	The Medicaid agency provides families during the second 6-of extended Medicaid benefits following alternative methods	month period through the	
		·	Enrollment in the family of employer's health plan.	option of an	
			Enrollment in the family of State employee health plan		
			Enrollment in the State he the uninsured.	ealth plan for	
			Enrollment in an eligible maintenance organization prepaid enrollment of less percent Medicaid recipient recipients of extended Medicaid recipients	(HMO) with a s than 50 cs (except	
			• •		
*Not applicable to Kansas.					
TN No. MS- Superseder	-91-41 App	roval Date	IAN 9 7 1872 Effective Date	001 8 1 1 11	
TN No. MS.			HCFA ID: 7982E		

HCFA ID:

Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)	OMB	No.: 0938-
	State: _	Kansas		·
Citation	3.5	Families (Continue	Receiving Extended Medicaid	l Benefits
	-	descr:	ement 2 to ATTACHMENT 3.1-A libes the alternative health ed, including requirements ients have access to servicity.	care plan(s) for assuring that
	(2)	The a	gency	
		(i)	Pays all premiums and enrimposed on the family for	
	<i></i>	(ii)	Pays all deductibles and imposed on the family for	

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TN No. MS-90-19
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